

Notice of Privacy Practices

This notice describes how your personal health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Privacy Pledge: Jennifer Connell, LAc, LLC is committed to full compliance with federal and state laws and regulations ensuring the privacy and confidentiality of patients' and clients' personal health information; Jennifer Connell, LAc, LLC (and staff if applicable) will make every effort to respect your privacy and keep confidential your health information entrusted to me (us).

My Duties: I (Jennifer Connell, LAc, LLC) am required by law to maintain the privacy of your health information, to provide you with this notice of my legal duties and my privacy practices, and to abide by the terms of this notice while it is in effect. However, I reserve the right to change the terms of our privacy notices in accordance with federal or state law; any such change will apply to all of your information in our files.

Jennifer Connell, LAc, LLC patients and clients will be asked to consent to the use or disclosure of your protected health information by agreeing to allow Jennifer Connell, LAc, LLC (or support staff members) to:

- ❑ Use your health information within this clinic, or disclose your health information to another health care provider for the purpose of diagnosis, assessment or treatment of your condition.
- ❑ Use your health information within my clinic, or disclose your examination, treatment and billing records to another party, such as an insurance carrier, and HMO or your employer for the purpose of receiving payment for the services rendered to you.
- ❑ Use your health information, examination, treatment and billing records for quality control or other administrative purposes to efficiently and effectively operate the practice.
- ❑ Disclose your health information to business associates that perform services for this clinic's or your benefit and bill for it. All Jennifer Connell's business associates are contractually required to similarly safeguard the privacy and confidentiality of any personal health information disclosed to them.
- ❑ Use that information for research purposes, and then only after an Institutional Review Board (IRB) has reviewed and approved the research proposal, and established procedures to ensure maintenance of privacy and confidentiality.
- ❑ Use your personal health information to contact you by telephones, mail, or e-mail* with appointment reminders, information about treatment alternatives or other health related information that may be of interest to you. If not at home to receive an appointment reminder, a message may be left on your answering machine or with a person at your home.

*Please note: information transmitted via the internet poses inherent privacy risks. Regarding emails, precautions are taken to protect your information as much as possible. I typically do not discuss your private health information in emails beyond appointment scheduling. However, if you initiate or reply to a general inquiry regarding your private health information, I will consider that you do consent to an email exchange including such private health information.

Required or Permitted Uses and Disclosures Without Your Consent: Use or disclosure of your health information without your consent may be required or permitted in some circumstances, including but not limited to: 1) The extent that I am required or permitted to do so by applicable federal or state laws; 2) A public health authority for a wide range of public health activities when authorized to collect or receive your health information under federal or state law; 3) An appropriate government authority if there is reason to believe you are the victim of abuse, neglect or domestic violence; 4) Federal or state health care system and government benefit program oversight activities; 5) A response to a court order, or in response to a subpoena, discovery request or other lawful purpose; 6) Law enforcement officials when required to report certain types of wounds or physical injuries, or to comply with court orders, a grand jury subpoena or administrative requests; 7) An appropriate law enforcement authority if the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the person or the public; 8) A correctional institution if I provide

health care services to you as an inmate; 9) Emergent care situations; and 10) Providing care to you related to workplace injury to the extent necessary to comply with Minnesota's worker's compensation laws.

The Health Care Information Rights of Patients and Clients Include:

Your Right to Revoke Consent: You may revoke your consent to use or disclose your health information at any time; however, your revocation must be in writing; there are two circumstances under which I will not be able to honor your revocation request: 1) Your health information was released prior to receipt of your request to revoke your consent; and 2) Were you required to give your authorization as a condition for obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

Your Right to Limit Uses or Disclosures: You have a right to limit the use or disclosure of your personal health information. To do so you must inform me, in writing, of any health care providers, hospitals, employers, insurers or other individuals or organizations that you do not want me to disclose your health information to. I am not required to agree to your restriction; however, if I agree with your restrictions, the restriction is binding on me.

Your Right to Receive Confidential Communication Regarding Your Health Information: I normally provide information about your health to you in person at the time you receive services from me. I may also mail you information regarding your health or about the status of your account. I will do my best to accommodate any reasonable, written request if you would like to receive information about your health or the services I provide at a place other than your home or if you would like the information in a different form.

Your Right to Inspect and Copy your Health Information: You have the right to inspect and/or copy your health information for seven years from the date the record was created or as long as the information remains in my files; such requests must be in writing. I may refuse your request and charge you for retrieval and copying costs, only in accordance with Minnesota law.

Your Right to Amend Your Health Information: You have the right to request that I amend your health information for seven years from the date that the record was created or as long as the information remains in my files. Amendment requests must be in writing and give me reason to support the change you are asking me to make; however I am not obligated to comply with your request if it is judged to be unreasonable.

Your Right to Receive an Accounting of the Disclosures I Have Made of Your Records: You have the right to submit a written request for an accounting of the disclosures made of your health information for the last six years before the date of your request. By law, such accounting requests will include all disclosures made except for those that: 1) Are required for your treatment, to obtain payment for your services or to operate our practice; 2) Were made to you; 3) I am required or permitted to make without your consent or authorization; 4) Were disclosed with your written consent; 5) Were necessary to maintain a facility directory of individuals involved with your care; 6) Were disclosed for national security or intelligence purposes; or 7) Were made to correctional or law enforcement officers.

I will provide the first accounting within any 12-month period without charge. Retrieval and copying fees complying with Minnesota law may be charged for any additional accounting requests during the same 12-month period. When you make your request I will tell you the amount of the fee and you will have the opportunity to withdraw or modify your request.

Your Right to Obtain a Paper Copy of the Notice: You may request a copy of this notice at any time.

Your Right to Complain: You may complain to me or to the Secretary of Health and Human Services if you feel that I have violated your privacy rights. I respect your right to do so and will not take any action against you if you do file a complaint. For further information about my privacy policies and practices, to express a concern or to file a complaint, please talk to me directly.